



# WASHINGTON STATE PATROL FIRE PROTECTION BUREAU

## MOBILIZATION RESPONDER READINESS DIVISION

### COURSE REGISTRATION FORM

**Course Information** (For additional information call 360-753-0415)

Course: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Lodging Requested? ☐ **Please note: Not all courses offer lodging. Refer to class advertisement or call 360-753-0415, for additional information.**

### Student Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Agency \_\_\_\_\_

**\*Last Four Digits of SSN and DOB (Example 4424 04/28/58)** \_\_\_\_\_ **Rank/Position** \_\_\_\_\_  
\* (Required)

Mailing Address (REQUIRED): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County \_\_\_\_\_

Contact Phone: \_\_\_\_\_ FAX Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If firefighter, status: Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Supervisors Signature (if required by your agency): \_\_\_\_\_

Return completed registration to: Washington State Patrol  
Mobilization Responder Readiness Division  
PO Box 42600  
Olympia, WA 98504-2600  
(FAX 360-570-3136)